

**TITLE OF THE ABSTRACT:**

CLINICAL PREDICTORS FOR EARLY POST OPERATIVE URINARY  
RETENTION: A COHORT STUDY

**DEPARTMENT:**

OBSTETRICS AND GYNAECOLOGY, CHRISTIAN MEDICAL COLLEGE,  
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**DEGREE AND SUBJECT:** M.S IN OBSTETRICS AND GYNAECOLOGY

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**OBJECTIVES:** The aim and objectives of this study is to

1. Determine the prevalence of post-operative urinary retention in patients who had pelvic reconstructive surgery.
2. Study the clinical predictors for early post-operative urinary retention.

**METHODS**

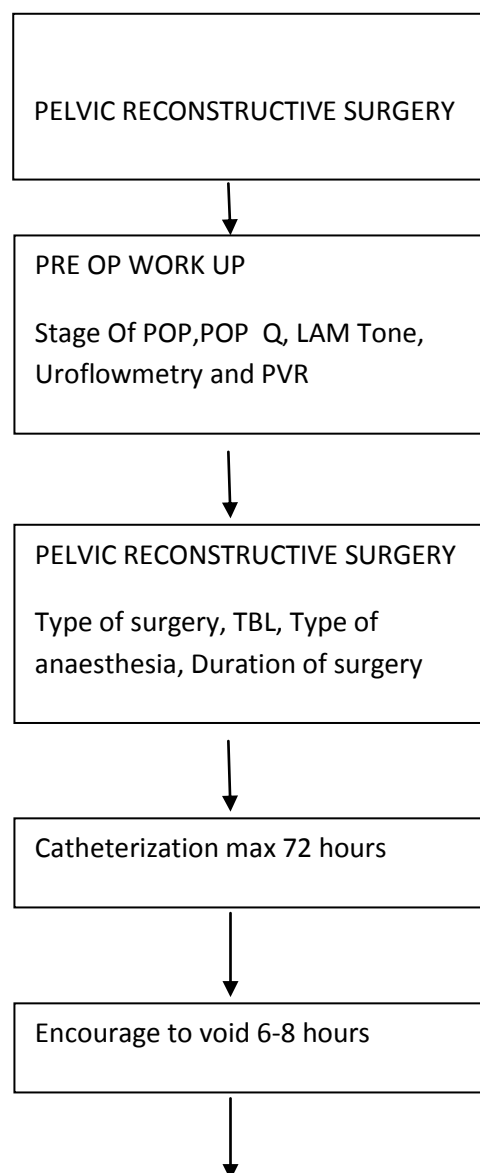
This study is as an observational cohort study. This study is approved by institutional review board. Study is done among the patients who underwent pelvic reconstructive surgery in Christian Medical College, Vellore between August 2014 and July 2015. Informed written consent is taken from all the patients. The following clinical predictors are studied: Age, body mass index, menopausal status, size of genital hiatus, degree of prolapse, tone of levator ani muscle, pre-operative post void residue,

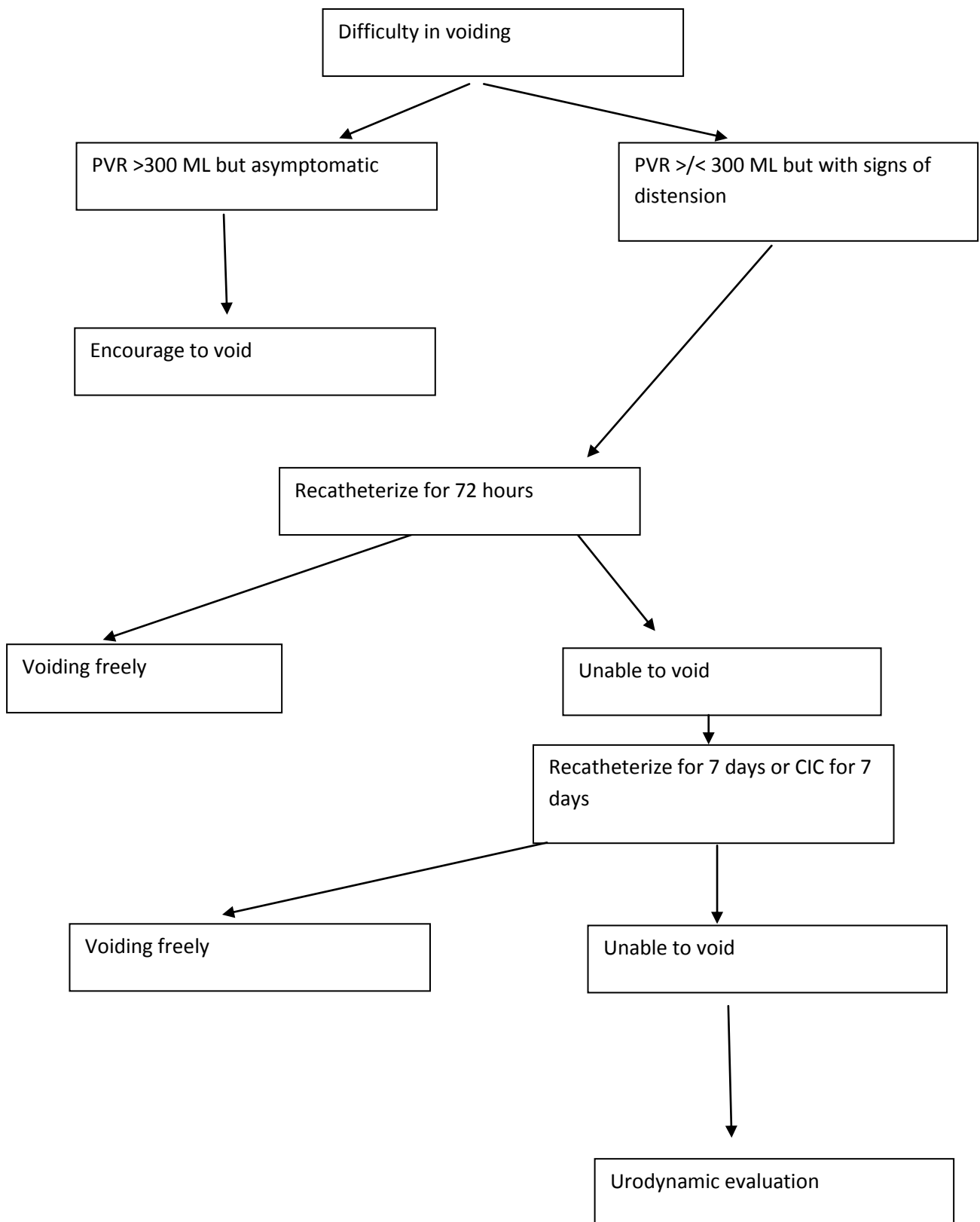
type of anaesthesia, type and technique of surgery, operation time and intra-operative blood loss.

**INCLUSION CRITERIA:** Patients who are planned for pelvic reconstructive surgery which include pelvic floor repair with or without vaginal hysterectomy and vault prolapse repair.

**EXCLUSION CRITERIA:** Patients with POP who are planned for hysterectomy with concomitant mid urethral sling surgeries and those who require long term catheterization due to intra operative complications.

### **SUMMARY OF THE METHODOLOGY**





## **STATISTICAL ANALYSIS**

Prevalence of POUR was given as a percentage and 95% confidence interval for the prevalence was estimated. Descriptive of continuous covariates and categorical risk factors are presented with mean (SD) and frequencies (%) respectively. Chi-square test or Fisher's exact test is used to assess the association between the clinical predictors and early post-operative urinary retention in univariate analysis. Clinical predictors which are significant at less than 0.10 level of significance in univariate analysis are taken into multiple logistic regressions to assess its independent association with early post-operative urinary retention. p-value of less than 0.05 was considered to be statistically significant in multiple logistic regression to indicate the corresponding risk factor as an independent predictor. Association of risk factors with post-operative urinary retention in multiple logistic regression were presented with odds ratio and its 95% confidence interval.

## **RESULT AND CONCLUSION**

Prevalence of POUR following pelvic reconstructive surgery is 13.8 %. Covert retention is seen in 55.55% of the patients while 44.44% of patients had overt retention. All the eleven variables: stage of prolapse, age, BMI, menopause, size of genital hiatus, tone of LAM, pre-operative PVR, anaesthesia, type of surgery, operation time, and intra-operative blood loss are statistically insignificant as predictors for early post operative urinary retention. Patients with stage 3 POP (OR: 0.29) had low risk for POUR when compared to patients with stage 1 and 2 POP (OR: 1). Patients who are overweight (OR: 2.29) have higher risk for POUR than patients with normal BMI (OR: 1). This is however not statistically significant.

**KEYWORDS:** Post operative urinary retention, post void residue, pelvic organ prolapse and body mass index.